



STATE OF CONNECTICUT
DEPARTMENT OF BANKING
CONSUMER CREDIT DIVISION
260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800



BRANCH OFFICE - APPLICATION FOR CHECK CASHING LICENSE

Application is hereby made for a license under Chapter 668, Part IV of the Connecticut General Statutes

License Type



General Facility



Limited Facility

Identifying Information

Applicant Name:

(sole proprietor use "Last, First, Middle")

Branch Address:

Number & Street:

City:

State/Province:

Country:

Postal Code:

Business Phone, Fax and Email:

Business Phone:

Fax Line:

Email Address:

Days and Hours of Operation:

Days of Operation:

Business Hours:

Other Business Names

Mailing Address

Mailing Address:

City:

State/Province:

Country:

Postal Code:

Books and Records Information

First & Last Name:

Title:

Business Address:

City:

State/Province:

Country:

Postal Code:

Business Phone:

Fax Line:

Email Address:

Signature of Applicant

(Signature) (Name and Title - Print)

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20____, personally appeared

(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

(Notary Public) (My Commission Expires)
(Commissioner of the Superior Court)

NOTE: This application must be signed by a Control Person listed on the Main Office Application